Satur
day, October 22
11:25 AM–12:55 PM
Paper Session B

1. Holistic Thinking and Therapeutic Action: Building on Louis Sander’s Contribution

Presenter: Steven Stern, PsyD
Discussant: William Coburn, PhD, PsyD
Moderator: John Riker, PhD

Abstract:
This paper makes the case for a holistic approach to conceptualizing what we actually do with our patients. Psychoanalytic theories, whether comprehensive or circumscribed, conceptualize the nature of analytic interaction and the principles of therapeutic action into distinct theoretical categories. These categories then shape our thinking, causing us to lose sight of our fundamental purpose: to provide each patient with the specific forms of help they need to move toward and achieve their therapeutic aims, both implicit and explicit. To counteract this longstanding trend, we need more holistic constructs oriented toward each patient’s unique, and uniquely complex, aims and process. Louis Sander’s principles of specificity of recognition, specificity of connection, and progressive fittedness are identified as powerful examples of such higher-order constructs. Sander’s language is unique in that it bridges the objective-descriptive perspective of non-linear dynamic systems theory and the phenomenological perspective of the analytic therapist-at-work. The author adds two of his own concepts to Sander’s, then presents an extended clinical example illustrating the more personal, intuitive, improvisational quality of an analytic process grounded in these principles. The case and discussion follow the evolution of the treatment over time, focusing especially on an extended “critical clinical moment” at the conclusion of which the analytic system had reorganized at a dramatically more complex and alive level of relational fittedness.

Learning Objectives:
At the conclusion of this presentation, participants will be able to:
1. Analyze and begin to transcend the conceptual constraints of particular psychoanalytic theories in order to approach their adult patients in ways that are specifically contoured to unique therapeutic aims and needs.
2. Apply Louis Sander’s principles for achieving specificity of recognition, connection, and fittedness in unique ways with patients.
3. Describe the holistic implications of complexity theory into a phenomenologically grounded clinical approach and sensibility.
2. Wetting with a Sea of Tears- A Journey From the Symptom to the Other

Presenter: Ruth Gat-Dubrov, MA
Discussant: Anna Ornstein, PhD
Moderator: Amy Joelson, LCSW

Abstract:
The paper deals with the various functions that an obstinate day-wetting symptom has for a nine year old girl and the mutual grip they have on each other. In the paper, I show how the symptom replaced the human selfobject functions and was gradually obviated by our joint therapeutic journey.

Learning Objectives:

At the conclusion of this presentation, the participants will be able to:
1. Describe how an attuned and containing environment contributes to the emotional and cohesiveness growth of the child's self.
2. Explain the multiple functions of symptomatic behavior.
3. Discuss the strong grip the patient’s symptom has on the subject.
3. “Try A Little Tenderness:” Extending the Relational Repertoire

Presenters: Joye Weisel-Barth, PhD, PsyD; Hilary Maddux, LCSW and Suzi Naiburg, PhD, LICSW
Moderator: Andrea Harms, PhD

Abstract:
To feel tender, to feel tenderness for the other, and to tend to the other—these are aspects of a growing ethic within the culture of relational self psychology. In the interest of understanding analytic attitudes toward enacted affectivity, the paper examines the history and tensions between two dominant cultures within psychoanalysis, the Classical and Relational. After examining the nature of cultural differences generally, the paper then addresses an important tension within the relational culture, a tension again about affectivity, that between formal abstracted theory about subjectivity and relationship, on the one hand, and moving emotional experience and engagement, on the other.

Learning Objectives:

At the conclusion of this presentation, participants will be able to:
1. Describe some of the contrasting cultures and tensions that relate to affect in psychoanalysis.
2. Discuss some of the ideas of Clifford Geertz relating both to the symbolic structure of culture and the “thick” understanding of cultural differences.
3. Discuss two papers on analytic vulnerability, love, and tenderness.
4. Bounded Openness: A Secure base for Expansion and Creativity

Presenter: Denise Davis, LCSW  
Discussant: Judith Guss Teicholz, EdD  
Moderator: Phyllis DiAmbrosio, PhD  

Abstract: The author begins by coining the term, bounded openness, flexible boundaries that consider mindful attunement to both the patient’s needs as well as to the therapist’s limits within a particular dyad. This focus allows the therapist to expand his/her capacities to engage more deeply and co-create more mutative experiences for and with the patient. Taking readers through her own journey towards the application of this notion, the author focuses on both actions that make sense for a particular patient but may indicate an expansion of conventional boundaries, as well as the therapist’s stretching to invite in the widest affective range for both herself and her patient. Examples of critical clinical moments illustrate this concept.

Learning Objectives:

At the conclusion of this presentation, participants will be able to:
1. Describe the concept of bounded openness
2. Analyze the distinction between the traditional concept of “the frame” and bounded openness
3. Apply the concept of bounded openness to clinical work
5. Words, Images, Dreams, and Metaphor

Presenter: Elizabeth Seward, MS, MD
Discussant: Gabriela Mann, PhD
Moderator: Lawrence Ballon, MD

Abstract:
This paper explores the use of the entire being of the analyst in order to access unconscious process in the patient. Examples of how the analyst’s visceral sensations, visual imagery, dreams and literal heart have been used in the service of empathic attunement to the patient in the treatment process are discussed.

Learning Objectives:

At the conclusion of this presentation, participants will be able to:
1. Discuss how the use of the analyst’s awareness of her physical bodily sensations can be used in treatment
2. Discuss how the use of the analyst’s visual imagery in session can be used in treatment
3. Describe the use of the analyst’s dreams in treatment.
6. A Warm Blanket: Using Email to Maintain Contact During Frequent Bulimic Episodes

**Presenter:** Elaine Luti, PhD  
**Discussant:** Sandra Kiersky, PhD  
**Moderator:** Shaké Topalian, MA, APRN

**Abstract:**
This paper is about the use of email in the course of an ongoing therapy as a means of regulating and understanding powerful emotional states. It will focus on the case of a young bulimic woman seen once weekly in a university counseling service and then in private practice for a total of almost two and a half years. The patient frequently missed sessions due to extended and exhausting night-long binging/vomiting crises. This paper focuses on a way to establish contact with the bulimic part of a patient with email while she is actually experiencing a bulimic episode. The patient was encouraged to write to the therapist while experiencing her night-long bulimic crises, and the therapist would reply later, usually the next day, with comments directly on her email, creating a dialogue with part of the patient that would rarely or never actually appear in therapy to speak for herself. This brought human contact and comfort to the suffering of the patient, making it possible for her to internalize soothing and human understanding in the moment of greatest pain and solitude. This facilitated the bulimic part of the patient to exist in a human context by entering into dialogue with the therapist. Being a record she could read later, both of her own bulimic self’s writing and the therapist’s responses, it helped create a more permanent connection both to the therapist and to part of herself. The paper is written with the help of the patient, with some of her own thoughts in retrospect on her experience of the therapy and sections of our email dialogues. She called it “A warm blanket” because she felt the therapist’s virtual and potential presence through writing emails to me, which the therapist replied to the next day, felt like a warm blanket in the solitary world of the bulimic crises. While it was interrupted for external reasons, three years later she still has not had recurrences of her most troubling symptom.

**Learning Objectives:**
At the conclusion of this presentation, participants will be able to:

1. Discuss new ways of reaching patients and working with difficult symptoms in restricted time frames (once-weekly sessions, frequent vacations, institutional settings, etc.).
2. Discuss and critiques available tools to be in contact with a patient when the patient is home and is most completely alone; when painful feelings and more childlike dissociated parts often emerge and are later forgotten during the day or when traveling to the therapist’s office.
3. Describe and utilize new ways to establish a connection in the critical moments of intense suffering when the therapist normally cannot intervene, so that the patient’s feelings can be accepted into a human context.
7. Victor or There is No Success Like Failure-Losing and Regaining a Relational Home in a Therapeutic Encounter

Presenter: Andreas Bachhofen, PhD  
Discussant: Margaret Sperry, PsyD, MFT  
Moderator: Dorienne Sorter, PhD  

Abstract:
To illustrate a critical therapeutical moment the author reports about a therapeutical encounter with a stutterer in which occurred 30 years ago. Though being an unexperienced therapist the author already discovered certain aspects of self-psychology in a group therapy with adult stutterers, like the healing effect of mirroring, and the fundamental importance of hospitality, respect and fallibilism in therapeutical work. The story of Victor reports about the importance to even admit failure to get things another way. It shows the timeless truth of Kohut’s fundamental work and its development through Intersubjective-Systems Theory.

Learning Objectives:
At the conclusion of this presentation, participants will be able to:
1. Describe basic attitudes of Intersubjective Systems Therapy, especially the “Hermeneutics of Trust” by Donna Orange.  
2. Analyze and understand stuttering not only as a neurotic symptom but as a complex relational system.  
3. Explain the way that every therapeutic encounter may be a potentially critical moment at any time of the process.  
4. Describe how every therapeutic encounter creates a challenge for the whole personality of both participants of the dyad.